Application Number 10 | 830101 Filing Date. **CLAIMS ONLY** * May be used for additional claims or amendments AFTER FIRST AMENDMENT CLAIMS AS FILED AFTER SECOND AMENDMENT Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend 52 54 57 65 73 (29) -79 33 34 49 50 Total Total Indep Indep Total Total Depend Depend Total Claims Total Claims

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